



INFORMATION DISCLOSURE STATEMENT

Applicant : Kirsch, W.
App. No. : 10/032,225
Filed : December 18, 2001
For : ADHESIVE INCLUDING MEDICAMENT
AND DEVICE AND METHOD FOR
APPLYING SAME
Examiner : Lewis, K. M.
Group Art Unit : 3761

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Enclosed is form PTO-1449 listing 1 reference that is also enclosed.

This Information Disclosure Statement is being filed under 37 C.F.R. § 1.97(c)(2) before the mailing date of a final action and before the mailing of a Notice of Allowance. This Statement is accompanied by the fees set forth in 37 C.F.R. § 1.17(p). The Commissioner is hereby authorized to charge any additional fees which may be required or to credit any overpayment to Account No. 11-1410.

Respectfully submitted,

KNOBBE, MARTENS, OLSON & BEAR, LLP

Dated: August 27, 2004

By: 

Rose Thiessen
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FORM PTO-1449 U.S. DEPARTMENT OF COMMERCE PATENT AND TRADEMARK OFFICE INFORMATION DISCLOSURE STATEMENT BY APPLICANT (USE SEVERAL SHEETS IF NECESSARY)	ATTY. DOCKET NO. LOMAU.142A	APPLICATION NO. 10/032,225
	APPLICANT Kirsch, W.	
	FILING DATE December 18, 2001	GROUP 3743

EXAMINER INITIAL	OTHER DOCUMENTS (INCLUDING AUTHOR, TITLE, DATE, PERTINENT PAGES, ETC.)	
	1	DERMABOND® Topical Skin Adhesive (manufactured for Ethicon, Inc. by Closure Medical Corp.), © Ethicon, Inc. 1998.

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EXAMINER	DATE CONSIDERED
*EXAMINER: INITIAL IF CITATION CONSIDERED, WHETHER OR NOT CITATION IS IN CONFORMANCE WITH MPEP 609; DRAW LINE THROUGH CITATION IF NOT IN CONFORMANCE AND NOT CONSIDERED, INCLUDE COPY OF THIS FORM WITH NEXT COMMUNICATION TO APPLICANT.	